

Sponsor or  
Contractor Logo  
Here

## Delaware Home Performance

Post-Installation Tests and Inspections

Enter Company Name

Cu \_\_\_\_\_ Customer Phone Number (h): \_\_\_\_\_  
Customer Address: \_\_\_\_\_ Customer Phone Number (w): \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Customer Email: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_ Home Performance Analyst: \_\_\_\_\_

### Combustion Equipment Testing / Combustion Appliance Zone Testing

	Base CO Ambient	Worst Case Pressure	Net CAZ Depress.	Limit for CAZ	Result	
CAZ 1:					Pass Fail	<input type="checkbox"/> Action Required:
CAZ 2:					Pass Fail	<input type="checkbox"/> Action Required:

	Worst Case Test Results			Natural Condition Test Results			Flue Inspection	
	Spillage	Draft	CO	Spillage	Draft	CO	Pass Fail	<input type="checkbox"/> Action Required:
Heating System 1:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	<input type="checkbox"/> Action Required:
Heating System 2:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	<input type="checkbox"/> Action Required:
DHW System 1:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	<input type="checkbox"/> Action Required:
Combined	Pass Fail	pa		Pass Fail	pa		Pass Fail	<input type="checkbox"/> Action Required:
Other: _____	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	<input type="checkbox"/> Action Required:

Gas Leak Testing: ☐ No Leaks Detected ☐ Leaks Detected as Noted: \_\_\_\_\_

Kitchen Main Living Other - ppm  
Ambient CO: \_\_\_\_\_ ☐ Action Required: \_\_\_\_\_

Fuel CO ppm Vent Out?  
Oven CO: \_\_\_\_\_ Yes No ☐ Action Required: \_\_\_\_\_

Dryer Vent: ☐ Electric ☐ Gas/Properly Vented ☐ Gas/Improperly Vented. Action Required: \_\_\_\_\_

### Blower Door Test and Ventilation Compliance

Test In Bldg Leakage (CFM50) _____	Pass	Notes: _____
Test Out Bldg Leakage (CFM50) _____	Pass w/ Ventilation	_____
100% BAS (CFM50) _____	Failed	_____
70% BAS (CFM50) _____	Action required: _____	_____

### Distribution System Air Flow (required if ducts were sealed as part of project) and Leakage Test

Airflow Test Result: _____ <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Duct Leakage Test: Duct Blaster BD Subtract Delta Q Press Pan	
If fail, action to be taken: _____	Duct Test Result (enter here or attach separate form): _____	
Verification of Measures Installed:	Pressure Pan Average (Test-In): _____ Pressure Pan Average (Test-Out): _____	
<input type="checkbox"/> Basement Air Sealing	<input type="checkbox"/> DHW System Replace / Repair	<input type="checkbox"/> Health & Safety: _____
<input type="checkbox"/> Attic Air Sealing	<input type="checkbox"/> DHW Blanket / Pipe Insulation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Basebrd / Molding Air Sealing	<input type="checkbox"/> Exhaust Fans - Qty _____ / HRV	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Windows / Doors Air Sealing	<input type="checkbox"/> Exhaust Vents Reroute / Insulate	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ext. Wall to Garage Air Sealing	<input type="checkbox"/> Attic Vents Qty: _____	<input type="checkbox"/> Notes/Items Requiring Follow-Up: _____
<input type="checkbox"/> Attic Flat Insulation	<input type="checkbox"/> Appliance: _____	
<input type="checkbox"/> Attic Slope Insulation	<input type="checkbox"/> Appliance: _____	
<input type="checkbox"/> Attic Kneewall Insulation	<input type="checkbox"/> Appliance: _____	
<input type="checkbox"/> Exterior Wall Insulation	<input type="checkbox"/> Lighting: CFL's / Fixt. Qty: _____	
<input type="checkbox"/> Attic Stairs Insulation	<input type="checkbox"/> Renewable Energy Syst: _____	
<input type="checkbox"/> Window Replacement / Repair Qty: _____		
<input type="checkbox"/> Window Film / Solar Screen Qty: _____		
<input type="checkbox"/> Door Replace / Repair Qty: _____		
<input type="checkbox"/> Heating System Replace / Repair		
<input type="checkbox"/> Central Air Conditioner Replace / Repair		
<input type="checkbox"/> Htg / DHW Flue Replace / Repair		
<input type="checkbox"/> Air Handler Replace / Repair		
<input type="checkbox"/> Duct Sealing / Insulation / Replacement		

### Contractor Statement and Signature:

I attest that all of the information entered above is correct to the best of my knowledge. I agree to complete any items noted above for follow-up corrective action, and will submit an additional Post-Installation Tests and Inspections form that verifies the successful completion of those items and records required follow-up tests or inspections:

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Customer Statement

I attest that I am the owner of the property specified above, and that all materials and equipment included my home improvement contract with the above Contractor have been furnished and installed by the Contractor, and that the work has been completed pursuant to the contract.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_